

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF CITIZENSHIP**  
**This Document Is Not Valid Unless Fully Completed.**

Applicant/Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Household (if the individual is younger than 21 years old): \_\_\_\_\_

1. My name is \_\_\_\_\_, and I live at \_\_\_\_\_

\_\_\_\_\_.

☐ I am a U.S. citizen.

☐ I am 18 years old or older.

2. Are you a relative of the individual named above?

☐ Yes. Relationship? \_\_\_\_\_

☐ No.

3. How long have you known this individual? \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

4. How do you know the facts you present in this Affidavit?

\_\_\_\_\_

5. I have personal knowledge of how the applicant/recipient became a U.S. citizen. The facts known to me are that he/she was:

☐ Born in the U.S. or a U.S. territory. Date and place: \_\_\_\_\_

☐ Naturalized as a U.S. citizen. Date and place: \_\_\_\_\_

☐ Born overseas to a U.S. citizen parent. Date, place, and parent(s) name(s):

☐ Other: \_\_\_\_\_

6. The individual is unable to produce documents to prove citizenship because:

\_\_\_\_\_

\_\_\_\_\_

**I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed